## PATENT APPLICATION EE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 

10/535435

| CLAIMS AS FILED - PART I  |  |  |  |  |                      |  |            |            | SMALL ENTITY TYPE   |                   |           | OR         | OTHER THAN OR SMALL ENTITY |                        |
|---|--|--|--|--|----------------------|--|------------|------------|---------------------|-------------------|-----------|------------|----------------------------|------------------------|
| _   | NATIONAL                                       | 274.05.5550                                  | (Colun   | nn 1)                                  | (                    | Column 2                               | <u>)</u>   | ı          |                     |                   |           | ]          | <del></del>                | T                      |
| U.S. NATIONAL STAGE FEES  |  |  | <u> </u>   |  |                      |  |            |            | RATE                | FEE               |           | •          | RATE                       | FEE                    |
| BASIC FEE   |  |  | SMALL ENT. = \$ 150  |  | LARGE ENT. = \$ 300  |  | •          | BASIC FEE  | 150                 |                   | OR        | BASIC FEE  |                            |                        |
| EXAMINATION FEE   |  |  | Satisfies PCT /<br>(4) = \$50  | All other situations = \$ 100 / \$ 200 |                      |  | EXAM. FEE  | 0G(        |                     |                   | EXAM. FEE |            |                            |                        |
| SEARCH FEE  |  |  | U.S. Is ISA = \$ 60 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |  |                      | All other situations = \$ 250 / \$ 500 |            |            | SEARCH FEE          | 201               |           |            | SEARCH FEE                 |                        |
| FEE FOR EXTRA SPEC. PGS.  |  |  | minus 100 =  |  |                      | / 50 ≐                                 |            |            | X \$ 125 =          | ្រ                |           |            | X \$ 250 =                 |                        |
| τοτ   | AL CHARGEA                                     | BLE CLAIMS                                   | 18 m   | inus 20 =                              | •                    |  |            |            | X \$ 25 =           |                   |           | OR         | X \$ 50 =                  |                        |
| INDI  | EPENDENT CL                                    | AIMS   | a r  | ninus 3 =                              | •                    |  |            |            | X \$ 100 =          |                   |           | OR         | X \$ 200 =                 |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRI                               | ESENT  |  |                      | ;                                      |            |            | + \$ 180 =          |                   |           | OR         | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2        |  |  |  |  |                      |  |            | •          | TOTAL               |                   |           | OR         | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS   HIGHEST |  |  |  |  |                      |  | nn 3)      |            | SMALL ENTITY        |                   |           | OR         | OTHER<br>SMALL E           |                        |
| AMENDMENT A   | 4/26/07  | REMAINING<br>AFTER<br>AMENDMENT              |  | NUM<br>PREVK                           | BER<br>SUSLY         | PRESI<br>EXTI                          |            |            | RATE                | AD<br>TIOI<br>FE  | NAL       |            | RATE .                     | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 3  | Minus  | · 20                                   | 5                    | =                                      |            |            | X \$ 25 =           |                   |           | OR         | X \$ 50 =                  |                        |
|   | Independent                                    | • 2  | Minus  | ***                                    | }                    | =                                      |            |            | X \$ 100 =          |                   |           | OR         | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |  |                      |  |            |            | + \$ 180 =          | ·                 |           | OR         | + \$ 360 =                 |                        |
|   |  |  |  |  |                      |  |            | •          | TOTAL ADDIT.<br>FEE |                   |           | OR         | TOTAL ADDIT.<br>FEE        |                        |
|   |  | (Column 1)                                   |  | (Colur                                 | nn 2)                | (Colum                                 | nn 3)_     | _          |                     |                   |           |            |                            |                        |
| S   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |  | HIGH<br>NUMI<br>PREVIO<br>PAID         | BER<br>BUSLY         | PRESE<br>EXTE                          |            |            | RATE                | ADI<br>TION<br>FE | VAL       |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •  | Minus  | **                                     |                      |  |            |            | X \$ 25 =           |                   |           | OR         | X \$ 50 =                  |                        |
|   | Independent                                    | •  | Minus  | ***                                    |                      | <b>a</b> .                             | ,          | Ī          | X \$ 100 =          |                   |           | OR         | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |  |                      | F                                      | ľ          | + \$ 180 = | •                   |                   | OR        | + \$ 360 = |                            |                        |
|   |  |  |  |  |                      |  |            | -          | TOTAL ADDIT.<br>FEE | -                 |           | OR         | TOTAL ADDIT.<br>FEE        |                        |
| •   | If the entry in colu<br>If the "Highest Nu     | mn 1 is less than the<br>mber Previously Pak | e entry in column<br>d For" IN THIS S                                    | 2, write "0" i:<br>PACE is less        | n column<br>than '20 | 3.<br>7, enter "20                     | <b>r</b> . |            |                     |                   |           |            |                            |                        |

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.